

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
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50						
TOTAL IND.	6		6		6	
TOTAL DEP.	18	18	18	18	18	18
TOTAL CLAIMS	20	20	20	20	20	20

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			6		6	
TOTAL DEP.		18	18	18	18	18
TOTAL CLAIMS	20	20	20	20	20	20

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS